1266787

### FORM D

# UNITED STATES SECURITIES AND EXCHANGE COMM



Fairfield Residential LLC Filing Under (Check box(es) that apply): □ Rule 504

Enter the information requested about the issuer

Fairfield Residential LLC

## FORM D

UNITED STATES		OMB A	Approval
SECURITIES AND EXCHANGE COM Washington, D.C. 20549	IMIF	Number:	3235-0076 May 31, 2005 ge burden . 16.00
FORM D	050	53719	
NOTICE OF SALE OF SECURIT	IES	93719	<u>ıly</u>
PURSUANT TO REGULATION SECTION 4(6) AND/OR	D,	Pretia	Serial
SECTION 4(6), AND/OR SUNIFORM LIMITED OFFERING EXE	MPTION	DATE RE	CEIVED
185/89			
heck if this is an amendment and name has changed, and indicate idential LLC	change.)		
es) that apply):   Rule 504 Rule 505 E Rule 506 Section Rule 505 Rule 506 Section Rule 506 Ru	tion 4(6) 🔲 UI	LOE	
iling 🛘 Amendment	<u> </u>		
A. BASIC IDENTIFICATION DATA	4		<del></del>
requested about the issuer			
ck if this is an amendment and name has changed, and indicate change.) dential LLC			
ices (Number and Street, City, State, Zip Code) use Drive, Suite 200, San Diego, CA 92121	Telephone Number (858) 45	(Including Area Co 57-2123	ode)
iness Operations (Number and Street, City, State, Zip Code) ve Offices)	Telephone Number same as above	(Including Area C	ode)
ness	L		<del></del>

Sume as accire	
Brief Descriptio	n of Business

(if different from Executive Offices)

Name of Offering (

Type of Filing: New Filing

Real	estate	investment	and	development
				<del></del>

ı ype	ΟI	Business	Organization
_			

l corporation	<ul> <li>limited partnership, already formed</li> </ul>
1 husiness trust	☐ limited partnership, to be formed

Address of Executive Offices (Number and Street, City, State, Zip Code) 5510 Morehouse Drive, Suite 200, San Diego, CA 92121 Address of Principal Business Operations (Number and Street, City, State, Zip Code)

Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)

☐ limited partnership, to be formed

(please specify): limited liability

company

_Mo	nth_	_
1	1	]
<u> </u>	<u> </u>	۲.

Year

■ Actual □ Estimated

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State;

CN for Canada; FN for other foreign jurisdiction)

### GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

#### A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer: Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: ☐ Promoter Beneficial Owner □ Executive Officer ☐ General and/or Managing Partner Full Name (Last name first, if individual) FF Investments LLC Business or Residence Address (Number and Street, City, State, Zip Code) 5510 Morehouse Drive, Suite 200, San Diego, CA 92121 ☐ Executive Officer Check Box(es) that Apply: ☐ Promoter ⊠ Beneficial Owner ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Morgan Stanley Real Estate Fund II, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) 1633 Boardway, 25th Floor, New York, NY 10019 Check Box(es) that Apply: Promoter ⊠ Beneficial Owner E Executive Officer ☐ Director $\overline{\Box}$ General and/or Managing Partner Full Name (Last name first, if individual) CSJV Fairfield, LLC Business or Residence Address (Number and Street, City, State, Zip Code) 7667 Folsom Blvd., Sacramento, CA 95826-2618 Check Box(es) that Apply: □ Promoter □ Beneficial Owner ■ Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Hashioka, Christopher E. Business or Residence Address (Number and Street, City, State, Zip Code) 5510 Morehouse Drive, Suite 200, San Diego, CA 92121 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Bosler, James L. Business or Residence Address (Number and Street, City, State, Zip Code) 5510 Morehouse Drive, Suite 200, San Diego, CA 92121 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Dawley, Gregg Business or Residence Address (Number and Street, City, State, Zip Code) 5510 Morehouse Drive, Suite 200, San Diego, CA 92121 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) John A. Henry Business or Residence Address (Number and Street, City, State, Zip Code) 5510 Morehouse Drive, Suite 200, San Diego, CA 92121

Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, James Hurley	if individual)				
Business or Residence Addr 7667 Folsom Blvd	ess (Number and S I., Sacramento, CA				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	ĭ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, Michael DiRe	if individual)				
Business or Residence Addr 7667 Folsom Blvd	ess (Number and S I., Sacramento, CA				·
				,	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

					B. IN	FORM	ATIO	N ABO	UT OF	FERIN	G	,			
											66 : 0			Yes	No 🗵
1. F	las the is	suer solo	l, or does	s the issu							•		••••		ı.
					Answe	r'also in .	Appendia	k, Columr	2, if filin	ng under	ULOE.				
2. V	Vhat is th	e minim	um inve	stment th	nat will b	e accept	ed from	any indiv	idual?			•••••		\$ 1,00	0,000
														Yes	No
3. I	oes the	offering	permit jo	int own	ership of	a single	unit?	••••••						-	Ø
												y or indirectly, any			
												offering. If a persor or states, list the nam			
												r or dealer, you ma			
	nformatio								•		,				
Full N	ame (Las	t name fi	rst, if inc	lividual)											
Busin	ess or Re	sidence A	ddress (	Number a	and Stree	t, City, St	tate, Zip	Code)							
										, , , , , , , , , , , , , , , , , , ,					
Name	of Assoc	iated Bro	ker or D	ealer											
States	in Which	Person	Listed Ha	s Solicit	ed or Inte	nds to So	olicit Pur	chasers							
										• • • • • • • • • • • • • • • • • • • •				All St	ates
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[H1]	[ID]			
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]			
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]			
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]			
Full N	lame (Las	st name fi	irst, if inc	lividual)											
Busin	ess or Re	sidence A	Address (	Number a	and Stree	t, City, S	tate, Zip	Code)							
										<del></del>					
Name	of Assoc	iated Bro	ker or D	ealer											
States	in Which	Person 1	Listed Ha	as Solicit	ed or Inte	nds to So	olicit Pur	chasers	<del></del>	· <del></del>					
(Chec	k "All St	ates" or c	heck ind	ividual S	tates)									All St	lates
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]			
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]			
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]			
[RI]	[SC] lame (Las	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]			
											·				
Busin	ess or Re	sidence A	Address (	Number :	and Stree	t, City, S	tate, Zip	Code)							
Name	of Assoc	iated Bro	ker or D	ealer											
States	in Whiat	Person	Listed Li	e Saliait	ed or Inte	ande to S	olicit Due	chacers							
					tates)				· · · · · · · · · · · · · · · · · · ·	*****				All S	tates
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]			
[IL]	[IN]	[IA]	{KS}	[KY]	[LA]	[ME]	[MD]	[MA]	[M1]	[MN]	[MS]	[MO]			
[MT]	[NE]	[NV]	[NH]	[NJ]	[MM]	[NY]	[NC]	[ND]	[HO]	[OK]	[OR]	[PA]			
[R1]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND				
1.	Enter the aggregate offering price of securities included in this offering and the total amoun "none" or "zero". If the transaction is an exchange offering, check this box $\square$ and indicate the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate fering Price		Amount ready Sold
	Debt	\$	0	\$	0
	Equity	\$	0	\$	0
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)	\$	0	8	0
	Partnership Interests	\$ \$		\$ \$	
	Other (Specify) Membership Interest		64,700,000	\$ \$	26,000,000
	Total	\$ \$	64,700,000	\$ \$	26.000,000
	Answer also in Appendix, Column 3, if filing under ULOE.	Ψ	04,700,000	Ψ	20.000,000
_		hin /	efforing and th	0.000	rogata dallar
2.	Enter the number of accredited and non-accredited investors who have purchased securities in amounts of their purchases. For offerings under Rule 504, indicate the number of persons vaggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or	vho ha	eve purchased	secur	ities and the
			Number Investors	Do	Aggregate Ilar Amount f Purchases
	Accredited Investors		2	\$	26,000,000
	Non-accredited Investors		0	\$	0
	Total (for filings under Rule 504 only)			\$	
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all sofferings of the types indicated, in the twelve (12) months prior to the first sale of securities type listed in Part C-Question 1.				
	Type of Offering		Type of Security	Do	llar Amount Sold
	Rule 505			\$	
	Regulation A			\$	<del> </del>
	Rule 504			\$	
	Total			\$	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the amounts relating solely to organization expenses of the issuer. The information may be given				
	the amount of an expenditure is not known, furnish an estimate and check the box to the left of			conti	ngencies. 11
		f the e	estimate.	\$0	
	the amount of an expenditure is not known, furnish an estimate and check the box to the left of	f the 6	estimate.		
	the amount of an expenditure is not known, furnish an estimate and check the box to the left of Transfer Agent's Fees	f the 6	estimate.	\$ <u>0</u> \$ <u>0</u>	
	the amount of an expenditure is not known, furnish an estimate and check the box to the left of Transfer Agent's Fees  Printing and Engraving Costs	f the 6	estimate.	\$ <u>0</u> \$ <u>0</u>	0,000
	the amount of an expenditure is not known, furnish an estimate and check the box to the left of Transfer Agent's Fees  Printing and Engraving Costs  Legal Fees	f the 6	estimate.	\$ <u>0</u> \$ <u>0</u> \$ <u>5</u> \$ <u>0</u>	0,000
	the amount of an expenditure is not known, furnish an estimate and check the box to the left of Transfer Agent's Fees  Printing and Engraving Costs  Legal Fees  Accounting Fees	f the 6	estimate.	\$ <u>0</u> \$ <u>0</u> \$ <u>5</u> \$ <u>0</u>	0,000
	the amount of an expenditure is not known, furnish an estimate and check the box to the left of Transfer Agent's Fees  Printing and Engraving Costs  Legal Fees  Accounting Fees  Engineering Fees	f the 6	estimate.	\$ <u>0</u> \$ <u>0</u> \$ <u>5</u> \$ <u>0</u>	0,000

	C. OFFERING PRICE, NUMBER OF	INVESTORS EXPENSES AND	LISE OF PRO	CEEDS
	b. Enter the difference between the aggregate offerin response to Part C-Question 4.a. This difference is the	g price given in response to Part C-Ques	tion 1 and total exp	enses furnished in
5.	Indicate below the amount of the adjusted gross proceed if the amount for any purpose is not known, furnish payments listed must equal the adjusted gross proceed	an estimate and check the box to the	left of the estimate	. The total of the
			Payments to	
			Officers,	
			Directors & Affiliates	Payments To Others
	Salaries and fees		□ \$	
	Purchase of real estate		□ \$	. 🗆 \$
	Purchase, rental or leasing and installation of ma	achinery and equipment	□ \$	<b>□</b> \$
	Construction or leasing of plant buildings and fa	acilities	\$	□ \$
	Acquisition of other businesses (including the v offering that may be used in exchange for the as	alue of securities involved in this sets or securities of another issuer		
	pursuant to a merger)		□ \$	
	Repayment of indebtedness		□ \$	<b>□</b> \$
	Working capital		□ \$	\$ <u>64,650,000</u>
	Other (specify):			
			□ \$	□ \$
	Column Totals			□· \$
	Total Payments Listed (column totals added)		图 \$ <u>6</u>	4,650,000
_	D. FE	CDERAL SIGNATURE		
th	the issuer has duly caused this notice to be signed by the efollowing signature constitutes an undertaking by the eitten request of its staff, the information furnished by the constitution of the constituti	issuer to furnish to the U.S. Securities as	nd Exchange Comm	iission, upon
Is	suer (Print or Type)	Signature //	Date:	
Fa	irfield Residential LLC	A Warlishe	May 6, 2005	et.
N		Title of Signer (Print or Type)	<del></del>	
Cl	nristopher E. Hashioka	President		

## ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE		
1. Is any rule?	party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such	Yes	No 🗷

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature //	Date:
Fairfield Residential LLC	All Varleibles	May 6, 2005
Name (Print or Type)	Title (Print or Type)	
Christopher E. Hashioka	President	

#### Instruction.

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

	APPENDIX								
1	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in State (Part C-Item 1)	Type of Investor and amount purchased in State  (Part C-Item 2)  Number of Number of				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
Stata	Yes	No		Accredited Investors	Amount	Nonaccredited Investors	A 4	Von	No
State AL	Tes	No		investors	Amount	Investors	Amount	Yes	No
AK									
AZ		<del> </del>							
AR	<del> </del>						7		
CA		×	Membership Interest; \$63.7 million	1	\$63.7 million	0	0		Ø
со									
CT			-						
DE									
DC									
FL									
GA									
HI									
ID				<u> </u>					
IL									
IN									
IA				-					
KS									
KY									
LA									
ME									
MD									·
MA									
MI									
MN									
MS									
МО									
MT									
NC									

					APPENDIX	· <del>····································</del>	· · · · · · · · · · · · · · · · · · ·		
1	Intend to sell to non-accredited investors in State (Part B-Item 1)		3 Type of security and aggregate offering price offered in State (Part C-Item 1)	4  Type of Investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Nonaccredited Investors	Amount	Yes	No
NE		<u> </u>		 					
NV		ļ							
NH							ļ		
NJ									
NM									
NY									
ND									
ОН									
ок									
OR									
PA									
RI									
SC					.,				
SD									
TN									
TX		X	Membership Interest; \$1.0 million	1	\$1.0 million	0	0		×
UT									
VT									
VA									
WA					1		·		
WV									
WI									
WY									
PR		1			1				